

TO BE COMPLETED BY THE CITY OF ST. CHARLES

Endorsement of the Chief of Police

Recommended Issuing: Yes _____ No _____ Date _____

Comments: _____

Signature: _____

Endorsement of the Fire Chief

Recommended Issuing: Yes _____ No _____ Date _____

Comments: _____

Signature: _____

Endorsement of the Building & Health Commissioner

Recommended Issuing: Yes _____ No _____ Date _____

Comments: _____

Signature: _____

Endorsement of the Finance Director

Recommended Issuing: Yes _____ No _____ Date _____

Comments: _____

Signature: _____

Endorsement of the Mayor

Recommended Issuing: Yes _____ No _____ Date _____

Comments: _____

Signature: _____